



Atty. Dkt. No. 050251-0131

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gray et al.

Title: SURGICAL DEVICE WITH  
MALLEABLE SHAFT

Appl. No.: 09/432,523

Filing Date: 3 November 1999

Examiner: W. Lewis

Art Unit: 3731

**CERTIFICATE OF MAILING**  
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below.

Christine Kozio  
(Printed Name)

Christine Kozio  
(Signature)

August 29, 2003  
(Date of Deposit)

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
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Sir:

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TECHNOLOGY CENTER R3700

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated 29 May 2003 of the Examiner finally rejecting Claims 37, 38, 41, 42.

☐ Applicant claims small entity status.

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

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The required fees are calculated below:

|                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Notice of App al Fee                           | \$320.00 |
| <input type="checkbox"/>            | Extension month:                               | \$0.00   |
| <input type="checkbox"/>            | Extension:                                     | \$0.00   |
|                                     | FEE TOTAL:                                     | \$320.00 |
| <input type="checkbox"/>            | Small Entity Fees Apply (subtract ½ of above): | \$0.00   |
|                                     | TOTAL FEE:                                     | \$320.00 |

☒ Please charge Deposit Account No. 06-1450 in the amount of \$320.00 . A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$320.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

29 Aug 2003

By



FOLEY & LARDNER

Customer Number: 27433



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